

# EXHIBIT 47



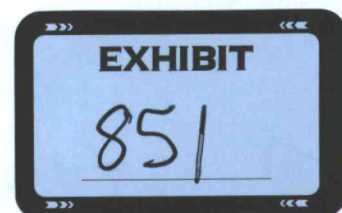
**Georgia Network for Educational and Therapeutic Support**

# **Request for GNETS Consultation**

Please review the Guiding Questions for Consideration of GNETS Services as well as the GNETS Services Flow Chart to assist in appropriate educational planning for the student.

**Please keep this coversheet on top of packet for confidentiality purposes.**

Revised August 2018





## Request for GNETS Consultation

Student First/Last Name	GTID		Date Submitted
DOB	Race	Gender	Grade
System	School Attending		Home School

**Check the Consultative Services you would like for GNETS to provide (choose one):**

- ☐ Participation in a planning meeting
- ☐ Functional Behavior Assessment (FBA) Coaching
- ☐ Participate in Behavior Implementation (BIP) Plan Development
- ☐ Classroom Observation and Written Feedback
- ☐ Records Review with Feedback

**What concerns do you have regarding the student and the reason for requesting GNETS Consultation?**

	Print name	Contact phone & email
Referring Teacher		
Referring Principal (or Designee)		
Special Education Director (or Designee)		

**Please email, mail or fax this form to:**